

Community Support Team (MH/SA) Endorsement Check Sheet Instructions

Introduction

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented on the provider endorsement or DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for conditional and full endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

Provider Requirements

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

- a (1). **Conditional :New Providers;** Review identified documents for evidence that provider meets DMH/DD/SAS and/or DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)
Full: If the provider organization has met these criteria during the review for conditional endorsement, this information does not need to be reviewed again. However, you must verify that there has been no change in the organization's business status and no change within the organization that might effect its operation.
- a (2). **Conditional: New Providers;** New providers; policy and procedure manual should contain language indicating intent to have national accreditation within three years of their enrolment with DMA. Providers currently billing for Community Support, the DMA enrollment documentation should be reviewed to verify the provider's date of enrollment with DMA.
Full: Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of three years, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.
- a (3). **Conditional and Full:** Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality **or**

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the office of the NC Secretary of State, that the information registered with the local municipality **or** the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

- a (4). **Conditional: New Providers;** Review policy and procedure manuals and program descriptions for language demonstrating that services will be delivered in the home, schools, homeless shelters, street and any other community location. Also look for documentation that use of state funds will allow for services in detention centers and jails.
Full: In addition to the above, review MOAs and formal/informal agreements with community partners specifying agreement between parties to coordinate and collaborate the delivery of service in specific locations. Review PCP and other service record documentation for documentation specifying services will be provided in community location(s). At this point, only the statement of intent to provide these services is relevant. The service notes and other evidence that the services are actually being delivered is reviewed later in this endorsement process.
- b. This is not an evidence-based practice at this time; therefore, this requirement is applied to the extent that the reviewer checks to ascertain that the Community Support Team Services worker assesses the need that established curricula for interventions are used within the context of Community Support Team Services and that when a consumer's need indicates, he/she is referred to an evidence-based practice. These criteria are reviewed later in this endorsement process. It is recommended for reviewer to have a discussion about use of best practice models in the Community Support Team Services delivery, such as Motivational Interviewing and Integrated Dual Disorder Treatment.

Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

- a. **Conditional: New Providers;** Review program description, personnel manual and job descriptions to verify intent to hiring minimum of three staff for the CST with the team leader as a practicing clinician on the team .5FTE and administer for the team .5FTE.
Full: Review employment application, resume, license, certification, or other documentation for evidence of degree and work experience with the target population the provider will serve. In some cases, reviewer may need to verify the source of the degree to ensure that it is a credible and valid degree. Review employee training plans or other documentation demonstrating training has been scheduled and/or received according to core rules, consistent with the role of the level of the professional providing Community Support Team Services. Ensure that employee is trained to fully understand and implement designated level of support (PCP, data, medications, etc.). Review service records, PCP and case load list to verify that Team Leader is practicing clinician on the team .5 FTE (and is one of the 3 team members) and providing clinical and administrative supervision for the team .5FTE. An example of a CST is Team Leader/QP, AP and Peer Support Specialist; or Team Leader/QP, QP, Paraprofessional.

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- b. **Conditional: New Providers;** Review job descriptions and program descriptions for wording that CST is to be provided by Qualified Professionals or Associate professionals according to 10A NCAC and that the expectation is that the staff hired will possess the skill and experience to provide services to the target population.

Full: In addition to the above, review job application, personnel records, resume, license or certificates to verify that the Qualified Professional or Associate Professional has the skill and experience to provide services to the target population. Review employee training plans or other documentation demonstrating training has been scheduled and/or received according to core rules, consistent with the role of the level of the professional providing Community Support Team Services. Ensure that employee is trained to fully understand and implement designated level of support (PCP, data, medications, etc.).

- c. **Conditional: New Providers;** Review program description, personnel manual, and job descriptions to verify intent to hire paraprofessionals or Peer Support Specialists with the skill and knowledge to provide services to the target population.

Full: Review employment application, personnel files or other documentation for high school education or GED and work experience working with the intended target population. Review employee training plans or other documentation demonstrating intent for training and/or training received that is consistent with the role of the paraprofessional or Peer Support Specialist providing Community Support Team Services. Peer Support Specialist may be in the process of applying for Peer Support Specialist certification or actually be certified as a Peer Support Specialist. Review employee training plans or other documentation demonstrating training has been scheduled and/or received according to core rules, consistent with the role of the level of the professional providing Community Support Team Services. Ensure that employee is trained to fully understand and implement designated level of support (PCP, data, medications, etc.).

- d. **Conditional: New Providers;** Review program description, personnel manual, job descriptions and supervision plans to ensure that they are individualized, appropriate for the level of education and experience of staff and that supervision of the CST is provided by the Team Leader which is a Qualified Professional.

Full: In addition to the above, review supervision plans and notes, schedule and other supporting documentation that demonstrate on-going supervision to the CST by the Team Leader which is a Qualified Professional. Supervision plans should be individualized to meet the specific skill, knowledge and education of the team member. It is important to note that the rules allow for the paraprofessional to be supervised by the Associate Professional but the service definition mandates that paraprofessionals and Peer Support Specialists must be supervised by a Qualified Professional.

- e. **Conditional: New Providers;** Review program description, personnel manual and job description documenting expectation that the ratio of CST member to consumer will be 1 to 15 but will take into consideration the special needs of the individuals being served, geographic area to cover and capacity to provide weekend and evening services.

Full: In addition to the above, review case load list, PCP, and service notes for ratio of 1 CST member per 15 consumers and that consideration has been made to ensure special needs of consumer are met, coverage of the geographic location is doable and services are provided on weekends and in the evenings when needed by the individual being served..

- f. **Conditional: New Providers;** Review program descriptions and job descriptions their intent to have all newly hired staff trained within 90 days of hire and that the staff hired will have a minimal of 1 year

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experience working with the target population. Review the training plan to ensure that all Community Support Team staff will have specific training scheduled within 90 days of a staff member's employment.

Full: In addition to the above, review personnel files, supervision plans and training documentation, such as, training certificates demonstrating that all employees for the provider have had the required 20 hrs of Community Support Team Services training, crisis planning and other components required within the first 90 days of employment. This applies only to the training curricula that have been made available to the LME and the provider. Review job applications and resumes to verify that the CST staff has minimally 1 year documented prior experience working with the target population.

- g. Conditional: New Providers;** Review program descriptions and job descriptions for their intent to have all newly hired staff trained within 90 days of hire and review the training plan to ensure that all Community Support Team staff will have specific training scheduled within 90 days of a staff member's employment.

Full: In addition to the above, review training documentation, such as, training certificates demonstrating that all employees for the provider have had the required 20 hrs of Community Support Team Services training, crisis planning and other components required within the first 90 days of employment. This applies only to the training curricula that have been made available to the LME and the provider.

Service Type/Setting

The elements in this section pertain to the provider's having an understanding of the CS service and the service delivery system.

- a. Conditional: New Providers;** Review policy and procedure manual and program descriptions the intent that the CST members are expected to provide direct interventions on behalf of the consumer in any location in the community with an individual. Also review for language that the Qualified Professional is expected to arrange for, coordinate and monitor services on behalf of the consumer. For example, reviewer would expect to see PCP indicating Qualified Professional to connect consumer to a recreation program at the YMCA. A review of the service notes should indicate that the Qualified Professional actually connected the consumer to the recreational program at the YMCA and visited the consumer there to monitor that the recreational services were meeting his needs. Community Support Team Services can also include telephone time and collateral contacts to persons who assist the consumer in meeting goals.

Full: In addition to the above, review PCP for evidence that the CST members have provided direct and indirect interventions with the consumer, in any location. Review service notes for evidence that the CST members are actually providing indirect and direct interventions in any community location with the consumer. Direct interventions should include specific skill building activities and Qualified Professional activities such as linking, monitoring and advocating on behalf of the consumer. Review claim form for location of service. Community Support Team Services can also include telephone time and collateral contacts to persons who assist the consumer in meeting goals.

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Program/Clinical Requirements

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according to individual needs identified in the PCP in regard to the frequency, intensity and type of therapeutic interventions. Interventions should reflect clinically recognized models (therapeutic mentoring, positive behavioral supports, motivational enhancement therapy, anger management, etc.).

- a. Conditional: New Providers;** Review policy and procedure manuals and program descriptions for language demonstrating their intent that services will be provided at least 8 contacts within the first month of services.
Full: In addition to the above, review service notes, PCP, and/or claim form for evidence that each consumer has received a minimum of 8 contacts within the first month of service.
- b. Conditional: New Providers;** Review policy and procedure manuals and program descriptions for language demonstrating the intent that services will be provided aggregately, 60 % face-to-face with the consumer and 90% in the community.
Full: In addition to the above, review service notes and/or contact log, and claim forms for aggregate face-to-face contact with the consumer equals 60% of the service delivery time. Review service notes and/or contact log, and claim forms to calculate and ensure that aggregate totals for contact with the consumer in the community equal 90% of the service delivery time.
- c. Conditional: New Providers;** Review program description and job descriptions for language demonstrating intent that services will be documented in the PCP and covering an array of services such as skill building, assistance and support, individual restorative interventions for the development of interpersonal, community coping and independent living skills.
Full: Review service notes and PCP for evidence the Qualified Professional actually has developed, monitored, revised and updated PCP. Service note verifies the activities actually occurred. and indicates the Qualified Professional facilitated a planning meeting, has had on-going contact with consumer and collateral persons, continues to assess needs and monitor services. Documentation indicates that service interventions such as skill building, assistance and support, individual restorative interventions for the development of interpersonal, community coping and independent living skills are indicated on PCP and service notes reflects that the interventions have actually been provided. Service notes also reflect that the Qualified Professional actually has monitored the effectiveness of the intervention and revised PCP as needed.
- d. Conditional: New Providers;** Review policy and procedure manuals and job descriptions for language demonstrating the expectation that the Qualified Professional will be responsible for the development, monitoring, revising and updating the PCP.
Full: In addition to the above, review the PCP and service notes for evidence that the Qualified Professional was the lead in the development of the PCP and the planning meeting for same. Review revisions, updates and service notes for evidence that the Qualified Professional continued the responsibility for leading PCP planning.
- e. Conditional: New Providers;** Review policy and procedure manuals and job descriptions for language demonstrating the expectation that the Community Support Team Services provider will ensure provision of first-responder services for all of the consumers. This includes either face-to-face or

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telephonically 24/7/365, and have the capacity to respond face-to-face within 2 hours, as well as have access to the crisis plans of consumers.

Full: In addition to the above, review crisis plans and service notes for evidence of crisis plans and that the consumer and/or legally responsible person is aware of the crisis response procedure and the phone number to reach the Community Support Team Services provider. Review on-call rotation schedules for evidence that after hours crisis response is available. Review procedure for crisis plans to be made available to the Qualified Professional on-call. Call crisis number and “mystery shop” to verify access according to requirements.

- f. Conditional: New Providers;** Review policy and procedure manuals and job descriptions for language demonstrating the expectation that the Community Support Team Services provider will ensure the consumer will receive information and linkage to services needed; assistance in accessing benefits such as SSI or VA; and there is on-going collaboration with other community partners on behalf of the consumer.

Full: Review service notes that the CST worker is providing consultation, information, assistance, and referral and linking, etc. Evidence such as intervention for specific activities identified on PCP, service note indication that other providers and supports are involved in the process. Review service notes and PCP for verification that the Community Support Team members have assisted the consumer in accessing benefits such as SSI, VA, etc.; consumer and collateral persons are involved in planning and verify collaboration has occurred with all community partners. Service notes should reflect advocacy activities if required by consumer.

Documentation Requirements

All contacts for Community Support Team Services must be documented - a daily service note is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Service Records Manual.

Conditional: New Providers; Review policy and procedure manuals and job descriptions for language demonstrating the expectation that the Community Support Team Services provider will ensure service documentation is completed per Medicaid guidelines.

Full: Reviewer reviews documentation containing: a service note that includes the recipient's name, Medicaid ID number, date of service, purpose of contact, describes the providers intervention, includes the time spent in performing the interventions, effectiveness of intervention, the signature and credentials of the staff providing the service. For example: Service note for John Smith MID 123-45-6789 - AP provides intervention of teaching how to plan a meal for dinner for the purpose of meeting the goal for John to live independently. AP described the various parts of the meal and offered guidance on choosing from each food group. John was able to appropriately choose from meat and bread food groups but needed some assistance with choosing from vegetable food group. AP offered further examples of how to pick from vegetable food group. John stated he felt he could chose from the different food groups after intervention was finished. Time 1hour. Signed Debbie Webster, AP, BA.

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